

41.a Certified Registered Nurse Anesthetists' Services.

Payment for covered anesthesia services provided by a participating certified registered nurse anesthetist (CRNA) is limited to the lesser of the actual charge or 85% of the rate reimbursed to a physician anesthesiologist for the same services.

This reimbursement methodology applies to all CRNA services, regardless if the CRNA is medically directed or not.

41.b Other Categories of Advanced Nurse Practitioners Services.

Payment for covered services provided by other categories of advanced nurse practitioners is limited to the lesser of the actual charge or 85% of the rate reimbursed to a physician for the same service except that payment is made at the same level as physicians for laboratory services, x-ray services, injections, and family planning contraceptive devices, drugs and supplies.

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42. Home and Community Care for Functionally Disabled Elderly
Individuals §1905(a)(23)

Personal Care Services: Payment for covered services will be determined by the reimbursement methodology for Primary Home Care (personal care) in Attachment 4.19-B Pages 6-6(f). Costs will be aggregated into one data base and the same rate will be used for personal care services to both groups. This is consistent with the method used for setting rates for personal care services under the §1115 waiver referenced in §1929(b)(2)(B) and will ensure equal treatment of all recipients receiving personal care.

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43. Licensed Master Social Workers-Advanced Clinical Practioner Services.

Payment to Licensed Master Social Workers-Advanced Clinical Practioners for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70% of the existing fee for similar services provided by psychiatrists and psychologists.

44. Licensed Professional Counselor Services.

Payment to Licensed Professional Counselors for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70% of the existing fee for similar services provided by psychiatrists and psychologists.

45. Licensed Marriage and Family Therapist Services.

Payment to Licensed Marriage and Family Therapists for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70% of the existing fee for similar services provided by psychiatrists and psychologists.

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46. TUBERCULOSIS (TB) CLINIC SERVICES

(a) **Reimbursement Methodology for TB Clinic Services.** The TB clinic encounter rates as defined in paragraphs (c) and (d) on page 38c are prospective rates for services provided in a TB clinic setting. TB clinic services, with the exception of x-ray procedures, are reimbursed on an encounter rate basis. These interim encounter rates will be effective for services delivered prior to September 1, 1996. The interim encounter rates were developed from the Texas Medicaid Reimbursement Methodology, the Early Periodic Screening, Diagnosis & Treatment - Comprehensive Care Program, and the most recent state contract prices for TB medications. For services delivered on or after September 1, 1996, the Texas Department of Health will determine the cost of providing TB clinic services and develop an encounter rate schedule based upon time-motion and cost studies from a sample of providers. The encounter rates which are cost-based shall be reviewed at least every five (5) years. Neither the interim nor the cost-based encounter rates will exceed the principles of OMB Circular A-87.

TB related x-ray procedures will be reimbursed using the Texas Medicaid Reimbursement Methodology (TMRM) rate. These procedures are payable in addition to the encounter rate due to the large variation in clients' need and frequency for x-ray procedures.

(b) **Classification System for Clients.** Clients will be categorized according to the classification system below. Certain medical conditions affect the length of treatment and prescribed medications required; therefore, each class may be further grouped by the following medical conditions: (1) uncomplicated with no other conditions, (2) complicated with multiple drug resistance and (3) complicated with HIV/AIDS.

The level of service provided will vary depending on whether the services are delivered by non-physician or physician and if medications are prescribed. The class 3 and 5 rates differ from the class 1 and 2 rates due to the length of time involved in delivering services and the medications prescribed to these clients. Following are descriptions of the examination types and levels.

Class	Type	Description
1	TB exposure No evidence of infection	History of recent exposure to an active case of TB Negative reaction to tuberculin skin test
2	TB infection No disease	Positive reaction to tuberculin skin test Negative bacteriologic studies (if done) No clinical or radiographic evidence of TB
3	Current TB disease (Confirmed Case)	M. tuberculosis cultured (if done) or Positive reaction to tuberculin skin test and Clinical or radiographic evidence of current disease
5	TB suspected	Diagnosis pending

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Examinations:

(1) **Initial Examination.** This examination should be used by providers when any class of client is being evaluated for the first time. A client can receive another initial examination six months from the previous one if there has been an interruption in therapy. It may include the following services: record initiation; clinical assessment/diagnostic procedures; counseling and education/preventive services; physician consultation and evaluation; prescribed medications/instruction.

(2) **Physician Examination.** This examination should only be used by providers when any class of client was initially evaluated without physician consultation and evaluation. It may include the following services: record maintenance; non-physician assistance with evaluation; physician consultation and evaluation; prescribed medications/instruction.

(3) **Follow-Up Examination.** This examination should be used by providers when any class of client is being evaluated during the course of treatment. It may include the following services: record maintenance; clinical assessment/diagnostic procedures; non-physician assistance with evaluation; physician consultation and evaluation.

(4) **Monthly Examination.** This examination should be used by providers when any class of client is being evaluated for a routine monthly diagnostic examination. It may include the following services: record maintenance; clinical assessment/diagnostic procedures; non-physician assistance with evaluation; physician consultation and evaluation; prescribed medications/instruction.

(5) **Directly Observed Therapy (DOT)/Directly Observed Preventive Therapy (DOPT) Examination.** This examination should be used by providers when any class of client is receiving DOT or DOPT. It may include record maintenance; monitoring the completion of drug therapy; toxicity questionnaire. (Note: The costs of medications associated with this examination have been applied to the monthly examination rates.)

Level 01. Non-physician services only.

Level 02. Non-physician services and prescribed medications (initial treatment).

Level 03. Non-physician services and prescribed medications (preventive treatment).

Level 04. Non-physician services and prescribed medications (maintenance treatment).

Level 05. Non-physician services and prescribed medications (advanced treatment).

Level 06. Non-physician and physician services.

Level 07. Non-physician, physician services and prescribed medications (initial treatment).

Level 08. Non-physician, physician services and prescribed medications (preventive treatment.)

Level 09. Non-physician, physician services and prescribed medications (maintenance treatment).

Level 10. Non-physician, physician services and prescribed medications (advanced treatment).

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Encounter Rates Effective January 1, 1994 through August 31, 1996

Levels	Initial Examination	Physician Examination	Follow-Up Examination	Monthly Examination	DOT/DOPT Examination	Class
01 (NP)	\$57.00		\$17.50		\$12.00	3/5
	\$40.50		\$17.50		\$12.00	1/2
02 (NP, PM) Initial ¹				\$252.25		3/5
						1/2
03 (NP, PM) Preventive ²				\$26.95		3/5
						1/2
04 (NP, PM) Maintenance ³				\$54.25		3/5
						1/2
05 (NP, PM) Advanced ⁴				\$871.55		3/5
						1/2
06 (NP, P)	\$92.20	\$51.20	\$44.37			3/5
	\$75.70	\$51.20	\$44.37			1/2
07 (NP, P, PM) Initial	\$335.20	\$294.20		\$279.12		3/5
						1/2
08 (NP, P, PM) Preventive	\$93.40	\$68.90		\$53.82		3/5
						1/2
09 (NP, P, PM) Maintenance				\$81.12		3/5
						1/2
10 (NP, P, PM) Advanced				\$898.42		3/5
						1/2

NP = Non-Physician Service
P = Physician Services
PM = Prescribed Medication

1 = Initial Regimen
2 = Preventive Regimen
3 = Maintenance Regimen
4 = Advanced Regimen

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The Physician Examination was developed to include an exam for clients who are evaluated initially without physician consultation and evaluation. Clients who receive an Initial Examination under Levels 06, 07 or 08 will not be eligible for this type of examination. Eligible clients will include only those who received an Initial Examination under Level 01.

(c) **Interim Encounter Rates.** Interim encounter rates refer to those rates paid for services delivered from January 1, 1994 through August 31, 1996. Following is a description of the methodology used to develop the interim encounter rates.

(1) The interim encounter rates employ the most current Texas Medicaid Reimbursement Methodology for physicians and other practitioners. Reimbursement in the Early Periodic Screening, Diagnosis & Treatment - Comprehensive Care Program is used as a proxy for costs associated with physician and non-physician consultation/evaluation, directly observed drug therapy (DOT)/preventive therapy (DOPT), clinical assessment, record maintenance, and prevention services including counseling and education.

(2) The interim encounter rates employ the actual costs associated with medications from the most current state contract prices.

(3) The costs associated with case coordination are not included in the interim encounter rates.

(d) **Cost-Based Encounter Rates.** Cost-based encounter rates refer to those rates for services delivered on or after September 1, 1996. Following is a description of the methodology used to develop the cost-based encounter rates.

(1) Time-motion studies will be conducted at least every five (5) years to determine the amount of time to provide the various requisite services within the TB clinic. These services shall include, but not be limited to, physician and non-physician consultation / evaluation, directly observed drug therapy (DOT)/preventive therapy (DOPT), clinical assessment, record maintenance, prevention services including counseling and education, contact investigation, and case coordination. The time-motion studies shall be conducted by a representative group of providers. The amount of time employed in the calculation of the encounter rate for each class of patients shall be the median values obtained from the sampling of representative providers.

(2) Cost studies will be conducted at least every five (5) years to determine the cost to provide the various requisite services within the TB clinic. These services shall include, but not be limited to, physician and non-physician consultation/evaluation, directly observed drug therapy (DOT)/preventive therapy (DOPT), clinical assessment, record maintenance, prevention services including counseling and education, contact investigation, and case coordination. The cost studies shall be conducted by a representative group of providers. The costs employed in the calculation of the encounter rate shall be the median values obtained from the sampling of representative providers.

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(3) The cost-based encounter rates are developed from a clinical service model that represents the components of services delivered to all classes of clients. The model will utilize time-motion and cost data collected from a representative sample of providers. Providers will collect the following data components by each individual service category on daily log sheets: (a) type of provider delivering service, (b) time required to deliver service, (c) type of examination, (d) service code, and (e) classification of client. Data will be consolidated from the sample and linked to the service model to determine actual costs for each type of examination. Case coordination services will be included in the actual encounter rate development.

(4) The actual costs associated with medications will be updated annually based on the most current state contract prices.

(e) **Inflation Adjustments.** During the interim periods between the re-basing of the cost-studies, the department may make, subject to the availability of funds, adjustments to the various encounter rates to account for general inflation. To account for general inflation, the encounter rates may be adjusted by the forecasted rate of change of the Implicit Price Deflator - Personal Consumption Expenditures (IPD-PCE). To prospectively inflate the encounter rates, the department uses the lowest feasible IPD-PCE forecast consistent with the forecasts of nationally recognized sources available to the department.

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